

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	G-T		11,30,01
O.I.P.E. CLASSIFIER		4P	12/1/01
FORMALITY REVIEW	FR	1018	12 1001
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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11	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

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539  
12/1/01